AMENDED IN SENATE MAY 3, 2006 AMENDED IN SENATE APRIL 24, 2006 AMENDED IN SENATE APRIL 17, 2006

SENATE BILL

No. 1508

Introduced by Senator Bowen

February 23, 2006

An act to add Section 1367.645 to the Health and Safety Code, and to add Section 10123.831 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 1508, as amended, Bowen. Health care coverage: colonoscopies.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Under existing law, a health care service plan and a health insurer, as specified, are deemed to provide coverage for certain medical examinations and tests, including the screening and diagnosis of prostate cancer.

This bill would-prohibit require a health care service plan-or and a health insurance policy, as specified, that provides coverage for colonoscopies-from reducing or limiting the reimbursement of the attending provider for providing pain management care in association with a colonoscopy in accordance with coverage requirements and to cover, subject to utilization review, anesthesia services determined to

SB 1508 -2-

3

4

6

9

10

11

12

13

14

15

16 17

18

19

be medically necessary by the attending physician and surgeon and consistent with recognized standards of patient comfort and safety. The bill would authorize a health care service plan or a health insurance policy to deny coverage for propofol for the purposes of a colonoscopy if the propofol is not administered by a provider that is recommended by labels or other guidelines on propofol developed by the federal Food and Drug Administration.

Because the bill would specify an additional requirement for a health care service plan, the willful violation of which would be a crime, it would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1367.645 is added to the Health and 2 Safety Code, to read:

1367.645. (a) A—Every individual or group health care service plan contract, except a specialized health care service plan contract, that is issued, amended, renewed, or delivered on or after January 1, 2007, that provides coverage for colonoscopies shall—not reduce or limit the reimbursement of the attending provider for providing pain management care to an individual enrollee in accordance with coverage requirements and subject to utilization review.

(b) Notwithstanding subdivision (a), a health care service plan may deny coverage for propofol for the purposes of a colonoscopy if it is not administered by a provider that is recommended by labels or other guidelines on propofol developed by the federal Food and Drug Administration. provide coverage, subject to utilization review, for anesthesia services for the purpose of colonoscopies, as determined to be medically necessary by the attending physician and surgeon and consistent with recognized standards of patient comfort and safety.

-3- SB 1508

SEC. 2. Section 10123.831 is added to the Insurance Code, to read:

10123.831. (a) An—Every individual or group health insurance policy that covers hospital, medical, or surgical expenses that is issued, amended, renewed, or delivered on or after January 1, 2007, that provides coverage for colonoscopies shall—not reduce or limit the reimbursement of the attending provider for providing pain management care to an individual enrollee in accordance with coverage requirements, and subject to utilization review.

- (b) Notwithstanding subdivision (a), an individual or group health insurance policy may deny coverage for propofol for the purposes of a colonoscopy if it is not administered by a provider that is recommended by labels or other guidelines on propofol developed by the federal Food and Drug Administration. provide coverage, subject to utilization review, for anesthesia services for the purpose of colonoscopies, as determined to be medically necessary by the attending physician and surgeon and consistent with recognized standards of patient comfort and safety.
- (b) This section shall not apply to accident-only, specified disease, hospital indemnity, Medicare, CHAMPUS supplement, dental-only, or vision-only insurance policies.
- SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIIIB of the California Constitution.